STATE OF SA	LIFORNIA . EXPENSE (LAIM T	raveler		struction	s and *Pri		ement on F	Revei	se Side	<u> </u>	K Trip?	○ YES	O No
STD. 262(REV. 10/92)		210				STAFF					age	of	Pages	
CLAIMANT'S NAME iscal Karen Baker 2008		20001201701				SSN OR EMPLOYEE NUMBER*					ARTMENT PR			
Secretary of Volunteering and			CB/ID NO.: EXEMPT			California Volunteers						PCA # 21401	:	
RESIDENCE ADDRESS*							HEADOLIABTERS ADDRESS 1110 K Street Suite 210							NE NUMBER 3-7646
city Sacrame	nto	West of the second seco	STATE CA		ZIP CODE	CITY	ramento	 				STATE CA	1 .	ZIP CODE
(1) MONTH/YEAR (3)			(4)	(5) MEALS			(6)		(7) TRA		ANSPORTATION		(8)	(9)
Sep 2009 LOCATION WHERE EXPENSES WERE INCURRED		LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE	(C) CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES FOR DAY	
9/1 1830	Sac/Burbank		\$121.10		29/10/11			\$153.60	TOSEL	·	18	\$9.90		\$284.60
9/2 1400	Burbank/Sac	;		\$6.00			\$6.00			\$9.00	1.8	\$9.90		24,90 \$30.90
								٠,		٠.		\$0.00		\$0.00
												\$0.00		\$0.00
<u> </u>												\$0.00		\$0.00
						· [- Fig. 17"		· 12	1	\$0.00		\$0.00
								66		V E		\$0.00		\$0.00
							and Cartery j	SEP 2	1.2	<u> </u>		\$0.00		\$0.00
						-		UF FEMALES.		11: 515		\$0.00		\$0.00
							ADN	IINISTRATIV	E SE	RVICES	3{}	\$0.00		\$0.00
			<u> </u>						-			\$0.00	· ·	\$0.00
												\$0.00		\$0.00
10)							-0-					\$0.00		\$0 30.2.5
	TOTALS OLUMN CODE (AC	ANTE TIME AN	\$121.10	\$6.00			\$6.00	\$153.60		\$9.00	\$36	19.8		\$315.50
	Manual III i Maran manaka M	<u> </u>	((- :(:),		***************************************		······	•••••••••••••••••••••••••••••••••••••••		CLAIM .	ΓΟΤΑL	-\$ ³ 0	9.50	3 15.5 0
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Purpose: Tour and press confernce of the Station Fire with the Governor ——————————————————————————————————										(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
														Flew comr
											AGENCY ACCOUNTING OFFICE USE ON Y			
										PAID BY REVOLVING FUND CHECK NUMBER \$0.55				
HEREBY CERTI rivately owned ve aimed, and that i	FY That the above is a true hicle was used, and if mile have met the requirement	statement of the tr age rates exceed the s as prescribed by	ravel expenses i he minimum rate SAM Sections 0	incurred by m e, I certify that 1750, 0751, 07	e in accordan the cost of o 52, 0753, an	ce with DPA r perating the v d 0754 pertair	ules in the ser ehicle was equing to vehicle	vice of the Sta ual to or greate safety and sea	te of Carthan	alifornia. If the rate isage.				
5) CLAUMANT'S		,		DATE O	1001	(16) SIG	•	OFFICER APP			AND PA	YMENT	DATE /] ;
7) SPECIAL EXP	ENSE AUTHORIZATION	SIGNATURE and	TITLE (See Ite	m 17 on reve	rse)	17/1	va)	1. U	<u> </u>	VIV (S			DATE	VI